

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2		/					52	/		
3		/					53	/		
4		/					54	/		
5		/					55	/		
6		/					56	/		
7		/					57	/		
8		/					58	/		
9		/					59	/		
10		/					60	/		
11		/					61	/		
12		/					62	/		
13		/					63	/		
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15		/					65	/		
16		/					66	/		
17		/					67	/		
18		/					68	/		
19		/					69	/		
20		/					70	/		
21		/					71	/		
22		/					72	/		
23		/					73	/		
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25		/					75	/		
26		/					76	/		
27		/					77	/		
28		/					78	/		
29		/					79	/		
30		/					80	/		
31		/					81	/		
32		/					82	/		
33		/					83	/		
34		/					84	/		
35		/					85	/		
36		/					86	/		
37		/					87	/		
38		/					88	/		
39		/					89	/		
40		/					90	/		
41		/					91	/		
42		/					92	/		
43		/					93	/		
44		/					94	/		
45		/					95	/		
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
Total							Total			
Indep							Indep			
Total							Total			
Depend							Depend			
Total							Total			
Claims							Claims			

BEST AVAILABLE COPY